DEPARTMENT OF HEALTH AND FAMILY SERVICES Division of Disability and Elder Services Printed 07/28/2006

Provider Inspection Summary

For the period 06/01/2003 to 05/31/2006 Community Based Residential Facility CLASS CNA (NONAMBULATORY) STATE OF WISCONSIN

Bureau of Quality Assurance
P.O. Box 2969

Madison WI 53701-2969

Facility Information

Facility Name: BETHANY HEARTEN HOUSE III (510260)

Address: 101 JUNIPER LANE, HOLMEN, WI 54636

License Status: REGULAR

Licensed/Certified/Registered 12/08/1994

Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4752

Survey History

Survey ID: 0094642 End Date: 04/19/2005 Type: ABBREVIATED Purpose: SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0092019 End Date: 02/23/2004 Type: ABBREVIATED Purpose: SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

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